



COMBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION  
(Page 1)

As a ~~joint~~ <sup>and</sup> inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CONTEXT SENSITIVE INFORMATION ACCESS ARTIFACTS

the specification of which  is attached hereto  was filed on December 18, 2000 as United States Application No. or PCT International Application No. 09/737,749  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b), of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designates at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

<u>Country</u>	<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	(Yes/No) <u>Priority Claimed</u>
Australia	PQ4858	23 December 1999	Yes

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

<u>Application No.</u>	<u>Filed (Day/Mo./Yr.)</u>	<u>Status (Patented, Pending, Abandoned)</u>
------------------------	----------------------------	--

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

**FITZPATRICK, CELLA, HARPER & SCINTO**  
Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

MBINED DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

(Page 2)

Full Name of Sole or First Inventor SUE-KEN YAP

Inventor's signature Sue

Date 19/4/2007

Citizen/Subject of Australia

Residence 19/9 Burley Street, Lane Cove, New South Wales 2066  
Australia

Post Office Address C/O Canon Kabushiki Kaisha

30-2, Shimomaruko 3-chome, Tokyo 146, Japan

Full Name of Second Joint Inventor, if any \_\_\_\_\_

Second Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Citizen/Subject of \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full Name of Third Joint Inventor, if any \_\_\_\_\_

Third Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Citizen/Subject of \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full Name of Fourth Joint Inventor, if any \_\_\_\_\_

Fourth Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Citizen/Subject of \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_